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POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:

<input type="checkbox"/> Practitioners associated with the Customer Number:	26694
OR	
<input type="checkbox"/> Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):	

Name	Registration Number	Name	Registration Number

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned (by) to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:

<input type="checkbox"/> The address associated with Customer Number:	
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OR

<input type="checkbox"/> Firm or individual Name		
Address		
City	State	Zip
Country	Telephone	Email

Assignee Name and Address:

Evotec NeuroSciences GmbH
Schnackenburgallee 114
Hamburg, Germany 22525

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature	J. Schler	Date	October 24 th , 2006
Name	DR. JOHANNES SCHLER	Telephone	+49-40-56081273
Title	MANAGING DIR. SNC	Evotec NeuroSciences GmbH	

D-22525 Hamburg
Germany

STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Heinz von der Kammer et al.

Application No./Patent No.: 10/595,619 Filed/Issue Date: May 5, 2006

Entitled: Diagnostic and Therapeutic Use of Human DAX-1 Gene and Protein for Neurodegenerative Diseases

Evotec Neurosciences GmbH, a Corporation
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

- the assignee of the entire right, title, and interest; or
- an assignee of less than the entire right, title and interest.

The extent (by percentage) of its ownership interest is _____ %
in the patent application/patent identified above by virtue of either:

A. An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 017557, Frame 0088, or for which a copy thereof is attached.

OR

B. A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
2. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

Additional documents in the chain of title are listed on a supplemental sheet.

Copies of assignments or other documents in the chain of title are attached.
[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Kavita B. Lepping
Signature

December 11, 2006
Date

Kavita B. Lepping
Printed or Typed Name

(202) 344-4000
Telephone Number

Authorized Signer for Assignee
Title